


<b>Issue Classification</b> 	Application No.	Applicant(s)	
	10/631,909	KUHN	
	Examiner	Art Unit	
	Linda L Gray	1734	


ISSUE CLASSIFICATION												
ORIGINAL				CROSS REFERENCE(S)								
CLASS		SUBCLASS		CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)							
156		248		156	249	257	258	264	265	266	268	
INTERNATIONAL CLASSIFICATION				156	270	299						
B	3	2	B									
				31/00								
C	0	9	J									
				7/02								
B	4	4	C									
				1/10								
				/								
				/								

(Assistant Examiner)	(Date)	<i>Linda L Gray</i> <b>LINDA GRAY</b> <b>PRIMARY EXAMINER</b> <i>8-26-04</i> (Primary Examiner) (Date)	Total Claims Allowed: 15
<i>Linda L Gray</i> (Legal Instruments Examiner)	9/2/04 (Date)		O.G. Print Claim(s) 1

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	1		31		61		91
	2		32		62		92
2	3		33		63		93
3	4		34		64		94
4	5		35		65		95
5	6		36		66		96
6	7		37		67		97
	8		38		68		98
7	9		39		69		99
8	10		40		70		100
9	11		41		71		101
10	12		42		72		102
11	13		43		73		103
1	14		44		74		104
13	15		45		75		105
14	16		46		76		106
15	17		47		77		107
	18		48		78		108
	19		49		79		109
	20		50		80		110
	21		51		81		111
	22		52		82		112
	23		53		83		113
	24		54		84		114
	25		55		85		115
	26		56		86		116
	27		57		87		117
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	29		59		89		119
	30		60		90		120
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missing  
claim  
12

<b>Issue Classification</b> 	Application No.	Applicant(s)	
	10/631,909	KUHN	
	Examiner	Art Unit	
	Linda L Gray	1734	

ISSUE CLASSIFICATION											
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B	3	2	B	31/00							
C	0	9	J	7/02							
B	4	4	C	1/10							
				/							
				/							

(Assistant Examiner) (Date)		<i>Linda L Gray</i> <b>LINDA GRAY</b> <b>PRIMARY EXAMINER</b> (Primary Examiner)	Total Claims Allowed: 15	
<i>Lawrence L. L...</i> (Legal Instruments Examiner)	9/2/04 (Date)		O.G. Print Claim(s) 1	O.G. Print Fig. 11

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original		
1	1		31		61		91		121		151		181		
	2		32		62		92		122		152		182		
2	3		33		63		93		123		153		183		
3	4		34		64		94		124		154		184		
4	5		35		65		95		125		155		185		
5	6		36		66		96		126		156		186		
6	7		37		67		97		127		157		187		
	8		38		68		98		128		158		188		
7	9		39		69		99		129		159		189		
8	10		40		70		100		130		160		190		
9	11		41		71		101		131		161		191		
10	12		42		72		102		132		162		192		
11	13		43		73		103		133		163		193		
12	14		44		74		104		134		164		194		
13	15		45		75		105		135		165		195		
14	16		46		76		106		136		166		196		
15	17		47		77		107		137		167		197		
	18		48		78		108		138		168		198		
	19		49		79		109		139		169		199		
	20		50		80		110		140		170		200		
	21		51		81		111		141		171		201		
	22		52		82		112		142		172		202		
	23		53		83		113		143		173		203		
	24		54		84		114		144		174		204		
	25		55		85		115		145		175		205		
	26		56		86		116		146		176		206		
	27		57		87		117		147		177		207		
	28		58		88		118		148		178		208		
	29		59		89		119		149		179		209		
	30		60		90		120		150		180		210		